

WRITE IN INK. THIS IS A REFLECTED COPY. IN CASE OF MORE THAN ONE CHILD AT A BIRTH, A SEPARATE RETURN MUST BE MADE FOR EACH, AND THE NUMBER OF EACH, IN ORDER OF BIRTH, STATED. THIS CERTIFICATE MUST BE FILED BY THE ATTENDING PHYSICIAN OR MIDWIFE WITH THE LOCAL REGISTRAR WITHIN 5 DAYS AFTER BIRTH.

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS.

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 City of Globe

CERTIFICATE OF BIRTH. *Ter. Index No.* 105
 Register No. 102
 (No. _____ St.; _____ Ward)

FULL NAME OF CHILD Helen Harnet Jennings Born Yes
Alive No
 If child is not named, make Supplemental report on blank obtainable from local registrar.

Sex of Child	F	Twin, Triplet, or other	and	Number in order of birth	1	Legitimate?	yes	Date of Birth	Oct 19 1909		
FATHER					MOTHER						
Full Name	<u>W. T. Jennings</u>				Full Maiden Name	<u>Lola H. Jennings</u>					
Residence	<u>Globe</u>				Residence	<u>Globe</u>					
Color or Race	<u>White</u>	Age at last Birthday	<u>24</u>	(Years)	Color or Race	<u>White</u>	Age at last Birthday	<u>22</u>	(Years)		
Birthplace	<u>Mich</u>				Birthplace	<u>Mich</u>					
Occupation	<u>Clerk</u>				Occupation	<u>Housewife</u>					
Number of child of this mother			1			Number of children, of this mother, now living			1		
Were precautions taken against Ophthalmia neonatorum? <u>yes</u>											

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of above child; and that it occurred on Oct 19, 1909, at 4 P.M.

*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.

(Signature) R. J. Stearns
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 19____ Filed Oct 20, 1909 Address Globe

812-1019-312 Filed Nov 1, 1909 R. J. Stearns
 COUNTY REGISTRAR. LOCAL REGISTRAR. COUNTY REGISTRAR.